

Name in Full

Certificate of Death

Reginald M. Aaron

Town

County

Died at

Fishing Creek

Dor

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 13

Age

-

2 24

Md

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Charles B Aaron

Mother's

Maiden Name

Amy Parker

Cause of

Primary

Whooping Cough

How long sick

1 month

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

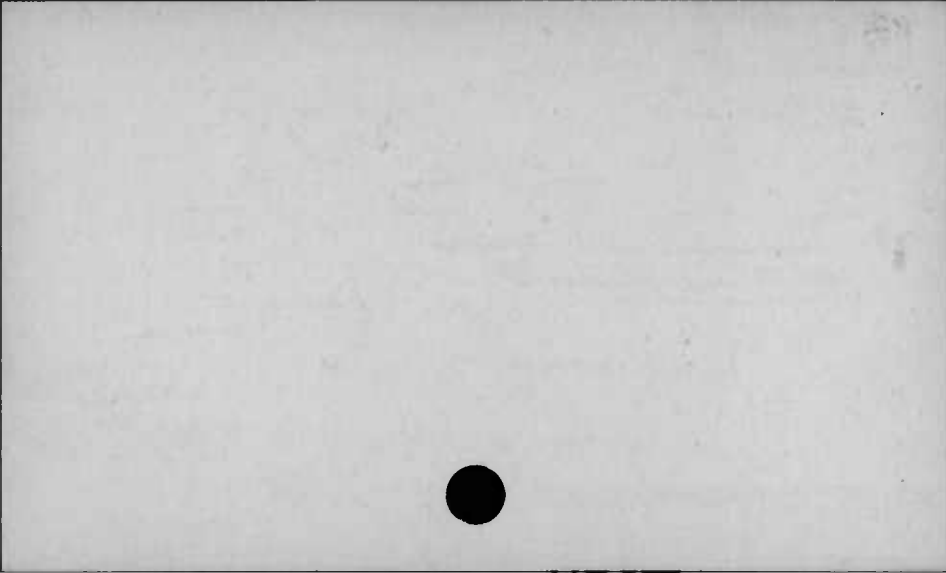
Reported by

Wm T. Henry

Address

Fishing Creek Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Daisy Beel
 Town *Cambridge* County *Worcester* MARYLAND

Died at *Cambridge* *Worcester*

Date 190*4* Month *2* Day *27* Age *20* Native of *ind* Occupation *_____*

☒ Male ☐ White ☐ Married ☐ Widow ☐ Divorced
☐ Female ☒ Colored ☐ Single ☐ Widower ☐ Number of children living *_____*

Husband of *Wm - known* *29*
 Wife *Wm - known*

Father's Name *Wm - known* Mother's Maiden Name *Wm - known*

Cause of Death { Primary *Tubercular Peritonitis* How long sick *6 weeks*
 Immediate *Exhaustion (operation) after double*
Pyelonephritis *Surgeon in charge*
Cambridge Hospital
Cambridge ind

Reported by *Wm Steel MD, Cambridge Hospital*

Address *Cambridge ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



1

Name in Full

Certificate of Death

Infant - Son

Town

County

Died at

Middle town

Dorchester

MARYLAND

Date 1912

Month

Day

2

26

Age

Y.

M.

D.

Infant

Native of

Md.

Occupation

—

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

William Bennett

Mother's

Maiden Name

James

Cause of

Primary

Unknown - 179

~~How long sick~~

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

F. N. Tanner M.D.
Vienna

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Raymond Carr

Town

County

Died at

MARYLAND

1912 Month Day Y. M. D. Native of Occupation
 Date 1892 Feb 4th Age seven months

Male

~~White~~~~Married~~~~Widow~~

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Whooping Cough

How long sick

one month

Death

Immediate

Accident, Suicide, Homicide

Reported by

Howard Richardson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 75998

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate

received from Harmon Richardson

of Church Creek

Doc G. Mc

Name in Full

Certificate of Death

Mary Smith Conaway

Died ^{near} ^{Town} Harrison ^{County} Dorchester MARYLAND

Date 1902 ^{Month} 2 ^{Day} 16 ^{Age} 47 ^{Y.} ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation} Housewife

~~Male~~ ^{White} ~~Female~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living}

Husband of Charles B. Conaway Anne Rebecca Smith

Wife

Father's Name Chas. J. Smith Mother's Name

Cause of Death { Primary Phthisis Pulmonalis Exhaustion

How long sick About 1 year

Accident, Suicide, Homicide

Reported by G. H. Haefner

Address 27 Hurlock Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gertrude M Dean
 Died at *Barn Island* Town *Westchester* County *MARYLAND*

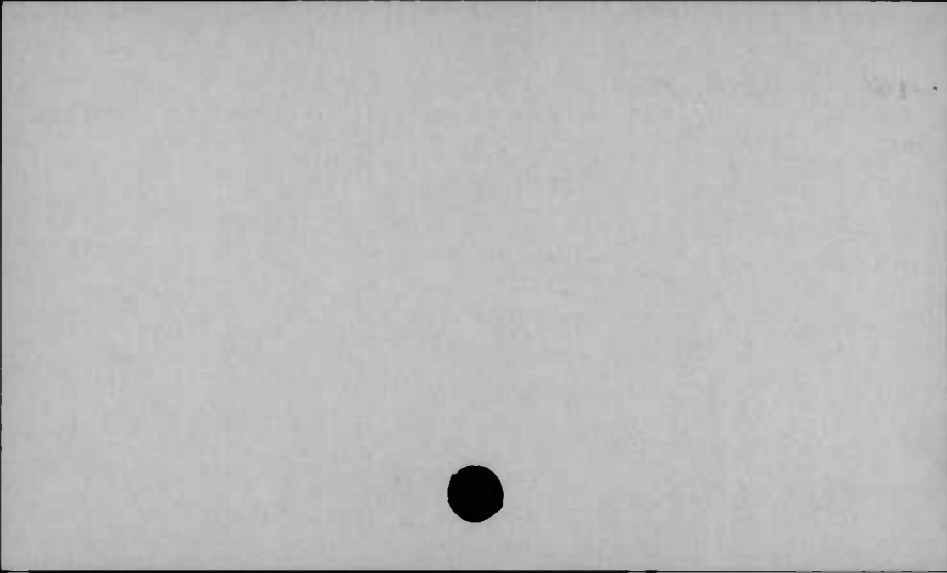
Date *1902* Month *Feb* Day *8* Age *8* Y. M. D. Native of *Barn Island* Occupation
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of _____
 Wife _____
 Father's Name *Wm R. Lewis* Mother's Name *Bertie Dean*

Cause of Death { Primary *Hooping Cough* How long sick *9 days*
 { Immediate _____ Accident, Suicide, Homicide

Reported by *Wash Dean*
 Address *Lisling Creek*
Don Co *Ind*
Wm H. Immor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker, or minister.
 LIBRARY BUREAU, REGD



Name in Full

Certificate of Death

Lula Dean ✓

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 July 13

Age

- 9

Md

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Whooping Cough

How long sick

1 month

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Address

Fishing Creek Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Alva C Fountain Jr

Died at

Town Washington County Dorchester

MARYLAND

Date 1902

Month 7th Day 23

Age

Y. —M. 9D. —

Native of

Occupation

New York City

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~Number of children living —

Husband of

Wife

Father's

Name

Alva C Fountain

Mother's

Name

Rose Fountain

Cause of

Primary

How long sick

Weeks.

Death

Immediate

Meningitis61

Accident, Suicide, Homicide

Reported by

John S. Moore

Address

Pharmacist

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Thos. Proctor.

331

Elmora - Hardy

24

Grd.

Feb 7 - 1902

4th child

Lidia Frosier

Town

County

Died at

Oyster shell bank

Dorchester

MARYLAND

Date 19

02

Month

Day

2 6

Age

Y.

M.

D.

6-5-1

Native of

md

Occupation

House work

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Solomon Frosier

Mother's

Maiden Name

Amanda Dunn

Cause of

Primary

Typhoid Pneumonia

How long sick

13 days

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

Victor E. Hitch

Address

East Monmouth

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1



Name in Full

Certificate of Death

Died at

Date

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

1901

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Male

White

~~Marr~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Mother's
Name

Primary Pneumonia

Immediate

How long sick

Two weeks

Accident, Suicide, Homicide

Reported by

Address



Name in Full

Deletha Anne Parrett

Town *Elliott* County *Dorchester*

Died at *MARYLAND*

Date 19 *02* Month *2* Day *1* Age *34* Y. M. D. Native of *Elliott* Occupation *House Wife*
Male White Married Widow Divorced
Female Colored Single Widower Number of children living *3*

Husband of *Abel Parrett*
Wife
Father's Name *Isaac Green* Mother's Maiden Name *Mauda Jones*

Cause of Death { Primary Immediate *Tuberculosis* 27
How long sick
Accident, Suicide, Homicide

Reported by *A J Harton*
Address *Vicinia Rd*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charlotte Johnson

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date 19

04

Month

Day

2

22

Age

75

Y.

M.

D.

Native of

Md

Occupation

Nurse

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

0

Husband

of

Joseph Johnson

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Uterine cancer

How long sick

—

Death

Immediate

Exhaustion, hemorrhage

~~Accident, Suicide, Homicide~~

Reported by

Mary Steele M.D.

Address

Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1904

Male

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

MARYLAND

Mother's

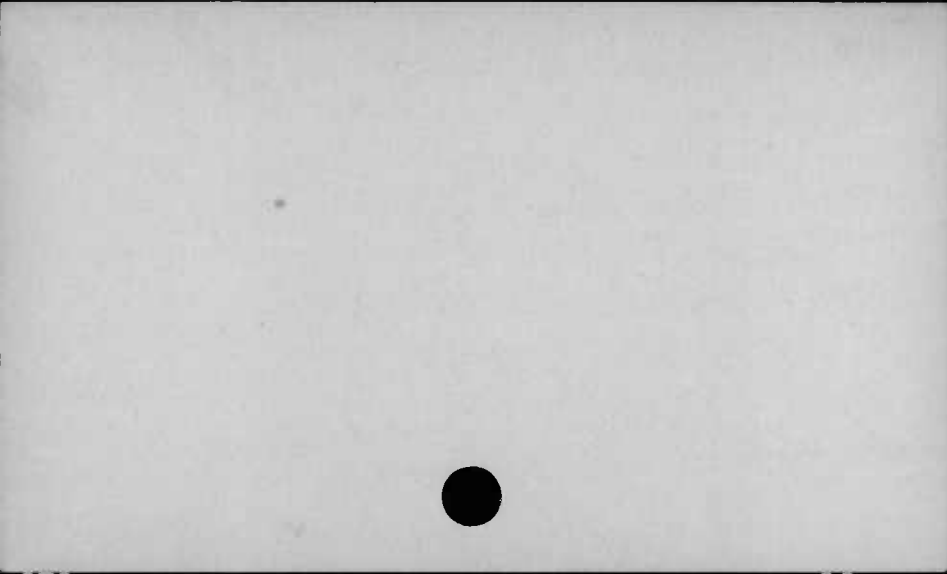
Maiden Name

How long sick

Primary

Immediate

~~Accident, Suicide, Homicide~~



Name In Full

Certificate of Death

Angelina Leatherbury
 Town Cambridge County Dorchester

MARYLAND

Died at

Date 1902

Month 2 Day 3

Y. M. D.

Age 40

Native of

Occupation

Md.

Housework

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary Aortic Regurgitation + Bright's Dis.

How long sick

8 months

Death

Immediate Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

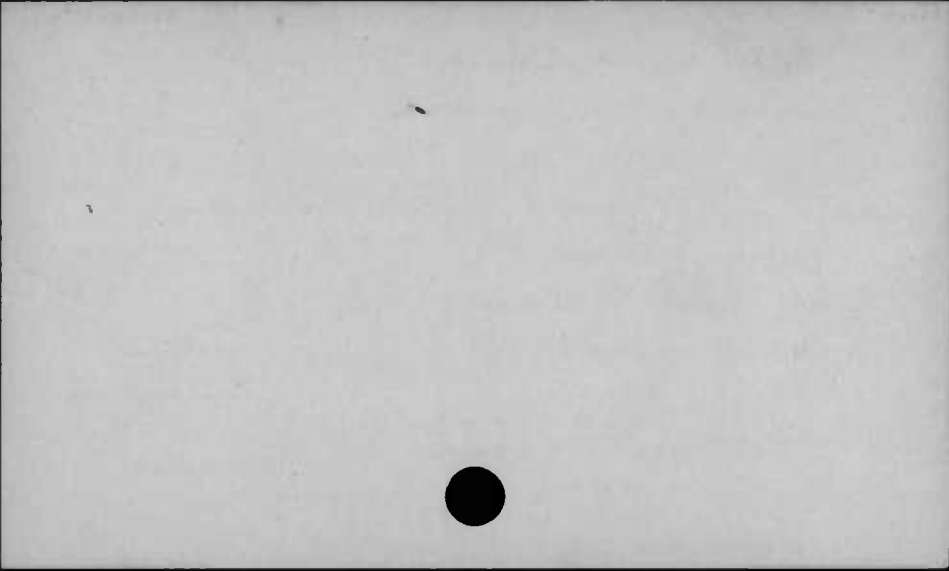
E. E. Wolff M. D.

Address

Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76805



Ervin Mc Glotten

Town

County

MARYLAND

Died at

Cambridge

Brocken

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2

15

Age

60

red

Self

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widow~~

Number of children living

5

Husband

of

Mary Henry

Wife

Father's

Name

Henry Mc Glotten

Mother's

Maiden Name

Cause of

Primary

Paralysis

66

How long sick

4 hours

Death

Immediate

In

~~Accident, Suicide, Homicide~~

Reported by

Mary Henry Mrs.

Address

Cambridge red

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Dorah B. Moloch

Died at ^{Town} Vienna^{County} Dorchester

MARYLAND

Date 1902 Feb 28 ^{Month Day} Y. M. D. 10 - ^{Native of} Vienna ^{Occupation} dr

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Walter Moloch

Mother's Name Rosa Moloch

Cause of Death Primary pneumonia

How long sick

Death Immediate

93

Accident, Suicide, Homicide

Reported by Walter Moloch Geo. W. McCreedy

Address Vienna Md J. Underlaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Name in Full *Bertha Perry*

Certificate of Death

Died at *Cambridge* Town *Sonchester* County *MARYLAND*

Date 1902 February 23 Y. M. D. Native of Occupation

Age 7
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
Female Colored Single Widower Number of children living~~Husband~~ of

Wife

Father's Name *Elijah Perry* Mother's Maiden Name *Rebecca Perry*Cause of Primary *consumption* How long sick
Death Immediate *Prostration* 2 Accident, Suicide, HomicideReported by *Mrs. Smith*Address *Cambridge Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Hooper C. Smith

Town

County

Died at

Near Church Creek Dorchester MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902 Feb. 18 Age 24 Maryland Labourer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

~~Wife~~

Father's

Name

Reobt. Smith

Mother's

Name

Margaret Willey

Cause of

Primary

Pneumonia

93

How long sick

16 days

Death

Immediate

Secondary pulmonary Congestion
due to suppur~~Accident, Suicide, Homicide~~

Reported by

R. L. Smith

Address

Church Creek Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robert Smith

Died ~~at~~ near ^{Town} Church Creek ^{County} Dorchester MARYLAND

Date 1902 ^{Month} Feb. ^{Day} 28th ^{Y.} ^{M.} ^{D.} Age 58 or 60 ^{Native of} Maryland ^{Occupation} Farmer

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☐

~~Female~~ ☐ ~~Colored~~ ☐ Single ☐ ~~Widowed~~ ☐ Number of children living 4

Husband of _____ Not married - but lived with Margaret Kelley

Wife _____

Father's Name Don't know Mother's Name Don't know

Maiden Name _____

Cause of Death { Primary Pneumonia 93

Death { Immediate Asphyxia

How long sick 9 days

~~Accident, Suicide, Homicide~~

Reported by R. L. Leggett M.D.

Address Church Creek, Md. V

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Albert Stewart

Died at Cambridge Town Winchester County MARYLAND

Date 1904 2 1 Month Day Y. M. D. Age 24 Native of md Occupation —

Male White Married Widower Divorced

Female Colored Single Number of children living

Husband of
Wife

Father's Name Thos. E. Stewart Mother's Maiden Name Nettie Roberts

Cause of Death { Primary Pneumonia Immediate Exhaustion

How long sick 1 month

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70802



Name in Full

Mamie

Sadie James Sudler

Town

County

MARYLAND

Died at

Cambridge

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1904

2

14

Age

3 - 3

md

~~Male~~~~Widow~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Never married~~ living

Husband of

Wife

Father's Name

Jas. Sudler

Mother's

Maiden Name

Cause of

Primary

Consumption

27

How long sick

—

Death

Immediate

Exhaustion

~~Accident Suicide Homicide~~

Reported by

Memphis Harpner Undertaker

Address

Cambridge md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Geo. S. Thomas.

Died at ^{Town} Cambridge ^{County} Dorchester MARYLANDDate 1902 ^{Month} 2 ^{Day} 2 ^{Age} 62 ^{Y.} 11 ^{M.} 11 ^{D.} 11 ^{Native of} — ^{Occupation} Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of { Primary

Death { Immediate

Apoplexy

How long sick

Accident, Suicide, Homicide

Reported by

E. E. Wolff M.D.

Address

Cambridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Solomone C Vincent

Town

County

Died at

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Feb

22

Age

62

11

7

And

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Primary

Immediate

How long sick

18 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Inez Williams

Town

County

Died at

Hurlock

Dorchester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2-2

Age

9-10-6

Md

school girl

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

Four days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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